

# EXHIBIT 6

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

*In Re Jackson Water Cases,*

v.

*The City of Jackson, Mississippi, et al.,*

No. 3:23-cv-00614-CWR-LGI  
(Main Docket)

Hon. Carlton W. Reeves

Magistrate Judge LaKeysha Greer Isaac

**PLAINTIFF'S FACT SHEET**

**I. INSTRUCTIONS AND DEFINITIONS**

Please fill out a separate Plaintiff's Fact Sheet ("PFS") for each person on whose behalf a claim is being made. Each question must be answered in full. The purpose of this PFS is to obtain accurate information about basic facts that are relevant to claims asserted in *In re: Jackson Water Cases*: Case No. 3:23-CV-614-CWR-LGI ("JWC Litigation") concerning allegations of exposure to lead in the City of Jackson's public water supply. In completing this PFS, you must provide information that is true and correct to the best of your knowledge. If you cannot provide all the details requested, please provide as much information as you can. Where appropriate, please indicate "none," "do not know," or "not applicable." In addition, you must supplement your responses if you learn later that they are incomplete or incorrect in any material respect.

To the extent you have information that does not fit within the space provided for any of the sections or tables in the PFS, you may provide that information on a General Addendum to the PFS. Each additional response or piece of information provided in a General Addendum must identify the Section number of the PFS to which the additional information pertains.

Please note that information deemed to be confidential by a protective order agreed upon between Plaintiff and Defense counsel and entered in the JWC Litigation (including social security numbers) will be treated confidentially by the parties pursuant to the terms of the protective order.

In completing the PFS, please use the following definitions:

"Plaintiff," "Plaintiffs," "you," and "your," means the adult and/or child referenced in the PFS.

"Birth Mother" refers to the mother of any Plaintiff Child alleged to have suffered an injury as the result of consumption of contaminated water.

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**Deleted:** Information in the PFS may be used as evidence at the trial in this case.

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If you are making a claim for injuries or losses you claim that you yourself have suffered because of exposure to lead in the distribution of water from the City of Jackson, you must complete a PFS for yourself. If you are making a claim on behalf of a child for injuries or losses you claim the child suffered because exposure to lead in the distribution of water from the City of Jackson, then you must complete a separate PFS for each child on whose behalf you are making a claim. ¶

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It may be that you do not have all the information you would need to give complete answers to some of the questions in this PFS. If that is the case, you are still required to provide all the information you do have, even though it is not complete. It is also important to understand that, in completing the PFS, you may not rely just on your memory if you have in your possession, or easily available to you, documents, reports, e-mails, text messages, voicemails, or other written or electronic information that you can consult in order to obtain the requested information. Your answers to the questions in the PFS must be as complete and accurate as you can make them, even if answering requires you to devote time and effort to finding and reviewing written and electronic information available to you. Also, please remember that you cannot object to the questions, but must provide the information requested to the best of your ability. ¶

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Once you complete the PFS, you should be forwarded it to your attorney. Please consult with your attorney as to the deadline for completion of the PFS. ¶

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**“Plaintiff Child”** refers to the child allegedly exposed to contaminated water in utero or post-birth that allegedly developed an injury as a result of exposure to or consumption of contaminated water.

**“Document”** means any writing or record of every type that is in your possession, custody or control or in the possession, custody, or control of your counsel, including but not limited to written documents, documents in electronic format, cassettes, e-mails, videotapes, photographs, charts, computer discs, thumb drives, external hard drives, x-rays, drawings, graphs, phone records, and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into any reasonable usable form.

**“Health care provider”** or **“health care practitioner”** means any doctor, physician’s assistant, nurse practitioner, osteopath, or other individual health care professional regardless of title; hospital, clinic, urgent care, ready care, community health or medical center, physician’s office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice; and any pharmacy, x-ray department, radiology department, laboratory, physical therapist, occupational therapist, dentist, audiologist, ophthalmologist, psychiatrist, psychologist, or any other persons or entities involved in the care or treatment of you, or of the person for whom you are completing the Fact Sheet.

**“Mental health care provider”** means any psychiatrist, psychologist, therapist, or provider of mental health care evaluation, diagnosis, and/or treatment.

**“Plumbing”** means any service lines, piping, or other fixtures or appliances through which water from the City of Jackson is or was conveyed from the municipal water main to the water faucets, showers, toilets, etc. within a residence or other building.

You are requested to produce documents, as defined above, in response to certain questions in this fact sheet that pertain to the incident, injuries, claims, or damages that are the subject of your complaint.

## I. BACKGROUND INFORMATION

### A. CASE INFORMATION [to be completed by your attorney]

1. PLAINTIFF’S FULL NAME: \_\_\_\_\_
2. CASE NUMBER: \_\_\_\_\_
3. LAW FIRM: \_\_\_\_\_

### B. REPRESENTATION OF ANOTHER PERSON

*If you are completing this PFS as a representative of someone else (i.e., on behalf of a minor or an estate), or for yourself, please complete the following:*

1. The name of the individual or estate: \_\_\_\_\_

Deleted: <#>CASE NAME:

Deleted: TYPE OF ALLEGED INJURY/INJURIES OR DAMAGE (fill in all that apply to the plaintiff to whom this Fact Sheet applies):
  
CHILD PERSONAL INJURY
  
ADULT PERSONAL INJURY
  
PROPERTY DAMAGE/LOSS
  
OTHER:

INFORMATION ABOUT PERSON COMPLETING THIS PFS
Full Name:
  
(Last Name) (First Name) (Middle Initial)
  
Previous Names:
  
(Last Name) (First Name) (Middle Initial)
  
Date of Birth:
  
(Month/Day/Year)
  
Place of Birth:
  
Social Security Number:
  
Male or Female: → Male → Female (If other, please identify)
  
Present Residential Address:
  
\* Street Address (including any apartment or unit number)
  
City/Town → State → Zip Code
  
Dates at this Address:
  
(From) – (To)
  
Other residential addresses between January 1, 2006, and the date of completion of this PFS, and dates as to each. (Use additional sheets if necessary):
  
Did you own any of the residential addresses listed in response to question 9, above? If yes, please list the date(s) of ownership of each residential address.

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If you are completing this PFS for yourself, please skip to Section IV:

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B. Describe whether you are the Plaintiff or the capacity in which you are representing the individual or estate (e.g., parent, guardian, next friend, or administrator):

C. if you are completing this PFS as a representative, please provide the following information regarding the person for whom you are filling out the PFS:

a. Full Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

b. Previous Names: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

c. Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

d. Place of Birth: \_\_\_\_\_

e. Birth Mother Name: \_\_\_\_\_

f. Present Residential Address: \_\_\_\_\_  
(Street Address (including any apartment or unit number))

\_\_\_\_\_  
City/Town State Zip Code

g. Dates at this Address: \_\_\_\_\_  
(From) – (To)

**Deleted:** <#> If you were appointed as a representative by a court, state the following or attach a copy of the order appointing you: \_\_\_\_\_  
The court which appointed you: \_\_\_\_\_  
The date of your appointment: \_\_\_\_\_  
**Please attach a copy of the order of appointment.** \_\_\_\_\_  
What is your relationship to the individual you represent? \_\_\_\_\_

Have you filed another personal injury lawsuit or any other type of claim on behalf of the person or estate identified in response to question C.1. with respect to allegations in the Complaint? \_\_\_\_\_  
→ YES \_\_\_\_\_ → NO \_\_\_\_\_  
If "YES," please fill in the table below: \_\_\_\_\_

... [1]

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Social Security Number: \_\_\_\_\_  
Male or Female: → Male → Female

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Separately List Prior Addresses since January 2015: \_\_\_\_\_  
Dates at each Address: \_\_\_\_\_  
→ (From) – (To) \_\_\_\_\_

**Deleted:** <#> **INFORMATION REGARDING WATER TESTING:**

**All Plaintiffs should complete this section.**

A. → For all addresses where the Plaintiff on whose behalf the Complaint was filed on or after January of 2015, please complete the table below and provide the information requested. (Use additional sheets if necessary.)

... [2]

## II. INFORMATION REGARDING RESIDENTIAL ADDRESSES

- A. Does your child (or do you if you are the Plaintiff) live in or regularly (meaning at least six hours a week) visit a home, daycare, or school other than their current residential address?

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**ALL PLAINTIFFS SHOULD COMPLETE THIS SECTION.**

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B. → For all addresses listed in response to questions I.B.7, B.9., and II.A-B, please complete the table below and provide the information requested. (Use additional sheets if necessary.)

... [3]

## III. CHILD PERSONAL INJURY CLAIMS

### A. LEAD EXPOSURE

1. Please identify which of the following injuries you claim you suffered:

	Yes/No	Treatment Prescribed if any
Hair Loss		
Skin Rashes		
Digestive and/or Other Organ Problems		
Physical Pain and Suffering		
Mental Anguish		
Fright and Shock		
Disability		
Denial of Social Pleasures and Enjoyments, Embarrassments, Humiliation and Mortification		
Brain and/or Developmental Injuries/Cognitive Deficits		
Aggravation of Pre-Existing Injuries (Identify the pre-existing injury you		

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**COMPLETE THIS SECTION ONLY IF YOU ALLEGE PERSONAL INJURIES ON BEHALF OF A PLAINTIFF CHILD. IN THIS SECTION, "YOU" REFERS TO THE PLAINTIFF CHILD. YOU MUST COMPLETE A SEPARATE PLAINTIFF FACT SHEET FOR EACH PLAINTIFF CHILD.**

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YES \_\_\_\_\_ NO \_\_\_\_\_  
If your answer to the foregoing question is "YES,"

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claim has been aggravated)		
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2. If you claim any injury not identified above, please set forth below any additional injuries you claim you suffered because of exposure to lead in water distributed by the City of Jackson:

**Deleted:** , the diagnosing healthcare provider and address, date of onset, and treatment prescribed, if any

3. If applicable, state to the best of your knowledge each date on which you have undergone testing for lead levels, identify who took the sample to be tested, type of testing (e.g., blood lead, bone mineral study, hair analysis, urinalysis, tooth analysis), and provide the reported results of the testing.

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	Test 1	Test 2	Test 3	Test 4
Date of Test for Lead?				
Who took the sample to be tested? (Lab/Facility/Healthcare Provider)				
Type of Testing (e.g., blood lead, bone mineral study, hair analysis, urinalysis, tooth analysis)				
Results of Test				

*Please attach copies of any lead test results in your possession or control and any other documents (e.g., medical records) identifying lead test results in your possession or control.*

#### B. HEALTHCARE PROVIDERS

1. Have you been told at any time by any health care provider that you have been injured as a result of lead or other contaminants in water distributed by the City of Jackson?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. If "YES," please identify the health care provider(s), state what you were told to the best of your ability and provide the date(s) you were told this. (Attach additional sheets as necessary, and please attach copies of any

written statements or medical records on this issue by the health care provider).

- Name and Address of health care provider:

\_\_\_\_\_

- Dates you were told:

\_\_\_\_\_

***For each healthcare provider identified above, please complete the medical records authorization and mental health authorization attached hereto as Exhibit A and Exhibit B.***

3. Has the Plaintiff Child undergone any cognitive or behavioral testing or assessments? If yes, please identify any such testing or assessment, provide the following information for any healthcare providers who have conducted cognitive or behavioral testing or assessments on the Plaintiff Child with regards to the Plaintiff Child's treatment or evaluation for cognitive or behavioral conditions.

Healthcare Professional Name	Contact Information

***For each healthcare provider identified above, please complete the medical records authorization and mental health authorization attached hereto.***

#### C. BIRTH MOTHER

***Complete this section for any Plaintiff child alleged to have suffered an injury as a result of consumption of water from the City of Jackson's public water system.***

1. Please provide the following information regarding Birth Mother:

- a. Full name: \_\_\_\_\_

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What were you told: ¶

→

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YES \_\_\_\_\_ NO \_\_\_\_\_ ¶

If you answered "YES" to IV.C.4, please state what other illness(es) you allege you have suffered because of exposure to water distributed by the City of Jackson. ¶

\_\_\_\_\_ ¶

If you answered "YES" to section IV.C.4., please state whether you have been told by any health care provider that you have suffered from an illness which the health care provider believes was caused by exposure to water distributed by the City of Jackson at any time since January 2015. If so, please identify the health care provider(s), state what you were told to the best of your ability and provide the date(s) you were told this. (Attach additional sheets as necessary). If no health care provider has told you or the child that the child has suffered from any one or more of the diseases you identified above because of exposure to water distributed by the City of Jackson, state with respect to that illness "None." ¶

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Please identify each of your health care providers (including doctors, nurse practitioners, dentists, mental health care providers, and other health care professionals, institutions, hospitals, clinics, and urgent care facilities) from January 1, 2004, to the present in the table below. ¶

**Health Care Provider**

... [4]

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Has any health care provider prescribed medications to treat your alleged injuries? ¶

YES \_\_\_\_\_ NO \_\_\_\_\_ ¶

If you answered "YES" to the preceding question, please identify the following. (Use additional sheets as necessary to respond fully and completely): ¶

Name and Address of health care provider: ¶

\_\_\_\_\_ ¶

Medication(s) prescribed: ¶

\_\_\_\_\_ ¶

Dates of use of medication(s): ¶

... [5]

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YES \_\_\_\_\_ NO \_\_\_\_\_ ¶

2. Has Birth Mother ever filed another personal injury lawsuit on behalf of the Plaintiff Child?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES" to question 2 above, please fill out the table below:

Case Name and Number	Jurisdiction	Date of Filing	Nature of Claim	Injury Claimed	Status	Plaintiffs' Counsel

#### IV. EDUCATION FOR CHILD

- A. Is Plaintiff Child currently enrolled in school?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

- B. What is the highest level of education that Plaintiff Child completed:

1. Please list any schools Plaintiff Child has attended (elementary, middle, junior high or high schools, junior colleges, vocational schools, universities, institutes, or seminaries):

- Name of school:

\_\_\_\_\_

- Address:

\_\_\_\_\_

- Years of Attendance:

\_\_\_\_\_

- Degree or Certificate (if any) Received:

\_\_\_\_\_

- Name of school:

\_\_\_\_\_

**Deleted:** Maiden name, or other names used, and dates Birth Mother used those names:  
**Birth Mother's Name(s)**

... [6]

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Did the Birth Mother of the Plaintiff Child use tobacco, in any form, at any time during her pregnancy with the Plaintiff Child, or after while breastfeeding?

Check Yes/No: Yes → No →

If "Yes," please answer the following:

Type of tobacco:

\_\_\_\_\_

Date on which Birth Mother began using tobacco:

\_\_\_\_\_

Date on which Birth Mother ceased using tobacco:

\_\_\_\_\_

Amount of tobacco used while Plaintiff Child was in utero: \_\_\_\_\_ per day.

Amount of tobacco used while breastfeeding: \_\_\_\_\_ per day.

Did the Birth Mother reside with any individual who smoked tobacco at any time during her pregnancy with the Plaintiff Child, or after, while breastfeeding?

→ Check Yes/No: Yes → No →

If "Yes," please answer the following:

Name of individual who smoked tobacco:

\_\_\_\_\_

Did the Birth Mother consume marijuana, illicit drugs, or prescription medications at any time during her pregnancy with the Plaintiff Child, or after, while breastfeeding?

Check Yes/No: Yes → No →

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**Substance**

... [7]

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- Address: \_\_\_\_\_
- Years of Attendance: \_\_\_\_\_
- Degree or Certificate (if any) Received: \_\_\_\_\_

*Please attach copies of any degrees or certificates.*

*Please attach signed and dated authorizations for release of education and academic records using the attached form.*

#### AFFIRMATION

I understand that the information I have provided in this Plaintiff's Fact Sheet will be used in relation to the lawsuit that has been filed on my behalf, or on behalf of the person for whom I have completed this Fact Sheet.

I declare under penalty of perjury under the laws of the State of Mississippi and the United States of America that the foregoing information is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Signature of Plaintiff: \_\_\_\_\_

Or

Date: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

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**Deleted:** **ADULT PERSONAL INJURY CLAIMS**  
Complete this section only if you are now an adult and have filed a claim for personal injuries.

Are you employed in any industry, craft or trade that works with lead?  
YES \_\_\_\_ NO \_\_\_\_  
If your answer to the foregoing question is "YES," please list every employer and the date(s) of such employment.

Have you ever been employed by, or worked directly as, a welder, painter, metal recycler, smelter, auto body repairperson, plumber, automotive repair, or in the construction industry?  
YES \_\_\_\_ NO \_\_\_\_  
If your answer to the foregoing question is "YES," please list every employer and the date(s) of such employment.

Have you ever received any home remedies or folk remedies for any conditions, illnesses, worship, or cultural celebrations?  
YES \_\_\_\_ NO \_\_\_\_  
If your answer to the foregoing question is "YES," please list every home remedy or folk remedy and the date(s) of your receipt here:

Do you claim that you have been injured because of exposure to lead in water distributed by the City of Jackson at any time since January 2015?  
YES \_\_\_\_ NO \_\_\_\_  
If your answer to the foregoing question is "YES," please identify which of the following injuries you claim you suffered (as identified in Paragraph 59 of the Amended Complaint):

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Please produce the documents and things requested below, that are in your possession, custody, or control. If you withhold a document otherwise discoverable by claiming that it is privileged or otherwise protected, you shall make any such claim expressly and describe the nature of the information or document not produced or disclosed in a manner that enables other parties to assess the applicability of the privilege or protection, per Fed. R. Civ. P. 26(b)(5).

Please produce any documents, in your possession, constituting, concerning, or relating to your claims in this matter, including, but not limited to, instructions, warnings, handouts, flyers, brochures, or other materials provided to you or received from any governmental agency in connection with your claims in this matter.

Please produce any documents, in your possession of copies of all printouts from websites you visited regarding your claims or regarding your injuries.

Please produce any documents including copies of transcripts, in your possession of Internet chat room discussions in which you participated regarding your claims, your injuries and/or this lawsuit.

Please produce any documents including email, in your possession relating to your claims, your injuries and/or this lawsuit.

Please produce any documents, in your possession relating to any alleged health risks or hazards related to your claims at or before the time of your claimed injury.

Please produce any documents, in your possession that you (and not your attorneys) obtained directly or indirectly from any of the Defendants in this matter.

Please produce any documents, in your possession of all diaries, calendars, photographs, or any other writings or recordings made by you, or by any other person, describing, discussing, explaining or referring to the injuries, damages, or causes of action alleged by you in the Complaint and/or referring to the underlying illness or disease for which you seek compensation.

Please produce any documents, in your possession that you (and not your attorneys) obtained from any source related to your claims in this lawsuit or to the alleged effects of exposure to lead.

Please produce any documents copies of all medical records and bills from any physician, hospital pharmacy or other health care provider that are in your possession.

If this claim is a claim alleging a cause of action for wrongful death, please produce Decedent's death certificate (if applicable).

Please produce any documents, in your possession, related to any renovation(s), remodel(s), painting, demolition or construction occurring at any of the premises listed above, for any of the time periods listed above.

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